

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 522 | 2,061 |
| 23 Land and buildings | 7,789 | 4,148 |
| 24 Other assets (describe in Schedule O) | 1,442 | 442 |
| 25 Total assets | 9,753 | 6,651 |
| 26 Total liabilities (describe in Schedule O) | 44,468 | 42,885 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -34,715 | -36,234 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? IMPROVE LABOR CONDITIONS FOR MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | | |
|--|-----|---|
| 28 NONE | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses. (add lines 28a through 31a) | 32 | 0 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| LINDA HATFIELD PRESIDENT | Hr/WK 40 00 | 43,807 | | |
| CHRISTINA RUNYAN SECRETARY/TREASURER | Hr/WK 2 00 | | | |
| BECKY-YBARRO-FLORES VP-COT | Hr/WK 2 00 | | | |
| JACKIE DUPONT VP-TUSD | Hr/WK 2 00 | | | |
| FRANK LOPEZ VP- CITY OF NOGALES | Hr/WK 2 00 | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |
| | Hr/WK | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of LINDA HATFIELD Telephone no (520) 323-0700
Located at 877 S ALVERNON STE 100 City TUCSON ST AZ ZIP + 4 85711-5355
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | Yes | No |
|----|-----|----|
| 47 | | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | Yes | No |
|----|-----|----|
| 48 | | X |

49 a Did the organization make any transfers to an exempt non-charitable related organization?

| | Yes | No |
|-----|-----|----|
| 49a | | |

b If "Yes," was the related organization a section 527 organization?

| | Yes | No |
|-----|-----|----|
| 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| Name None | | | | |
| Title | Hr/WK 00 | | | |
| Name | Hr/WK 00 | | | |
| Title | Hr/WK 00 | | | |
| Name | Hr/WK 00 | | | |
| Title | Hr/WK 00 | | | |
| Name | Hr/WK 00 | | | |
| Title | Hr/WK 00 | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name None | | |
| City | | |
| Name | | |
| City | | |
| Name | | |
| City | | |
| Name | | |
| City | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Lina Hatfield*
 Type or print name and title: **LINA A HATFIELD, PRESIDENT**
 Date: **7/31/18**

Paid Preparer Use Only
 Print/Type preparer's name: **Frederick S Pucci, CPA**
 Preparer's signature: **Frederick S Pucci, CPA**
 Date: **7/16/2018**
 Check if self-employed
 Firm's name: **PK Accounting and Tax, P C**
 Firm's EIN: **26-0042654**
 Firm's address: **2610 E Broadway Ste F, Tucson, AZ 85716**
 Phone no: **520 327-1484**

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

| | |
|--|---|
| Name of the organization COMMUNICATION WORKERS OF AMERICA LOCAL 7000 | Employer identification number 20-4087333 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is (For lines 1 through 12, check only one box)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
 - 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 - 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 0
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | 0 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

COMMUNICATION WORKERS OF AMERICA LOCAL 7000

20-4087333

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 296

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 371

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 786

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 3,641

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 582

Form 990-EZ, Part I, Line 16, Other Expenses INTERNET 218

Form 990-EZ, Part I, Line 16, Other Expenses VEHICLE EXPENSES 1,770

Form 990-EZ, Part I, Line 16, Other Expenses INTITIATION FEES 17

Form 990-EZ, Part I, Line 16, Other Expenses MRF SERVICES 608

Form 990-EZ, Part I, Line 16, Other Expenses PER CAPITA MEMBERS 16,002

Form 990-EZ, Part I, Line 16, Other Expenses PER CAPITA DUES 984

Form 990-EZ, Part I, Line 16, Other Expenses TELEPHONE 5,465

Form 990-EZ, Part I, Line 16, Other Expenses CONVENTION 97

Form 990-EZ, Part I, Line 16, Other Expenses COPIER EXPENSES 3,391

Form 990-EZ, Part II, Line 24, Other Assets ACCOUNTS RECEIVABLE Beginning of year 442, End

of year 442

Form 990-EZ, Part II, Line 24, Other Assets OFFICER LOANS Beginning of year 1,000, End of

year 0

Form 990-EZ, Part II, Line 26, Liabilities ACCOUNTS PAYABLE Beginning of year 673, End of

year 673

Form 990-EZ, Part II, Line 26, Liabilities PAYROLL TAXES PAYABLE Beginning of year 1,588,

End of year 2,404

Form 990-EZ, Part II, Line 26, Liabilities AFFILIATE DUES PAYABLE Beginning of year 12,706,

End of year 10,307

Form 990-EZ, Part II, Line 26, Liabilities LOAN PAYABLE - NATIONAL Beginning of year

21,265, End of year 21,265

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

HTA

Name of the organization

Employer identification number

COMMUNICATION WORKERS OF AMERICA LOCAL 7000

20-4087333

Form 990-EZ, Part II, Line 26, Liabilities UFCW RENT PAYABLE Beginning of year 1,096, End

of year 1,096

Form 990-EZ, Part II, Line 26, Liabilities NOTE PAYABLE COPIER Beginning of year 7,140, End

of year 7,140